

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000093284**

1. Entity Name  
F. N. P. S., INC.



Principal Place of Business  
1904 QUAKER RIDGE DRIVE  
GREEN COVE SPRINGS, FL 32043

Mailing Address  
1904 QUAKER RIDGE DRIVE  
GREEN COVE SPRINGS, FL 32043



07082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3613971

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SHUNICHI (SAM) FUKATA  
1904 QUAKER RIDGE DRIVE  
GREEN COVE SPRINGS, FL 32043

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PS  
NAME SHUNICHI (SAM) FUKATA  
STREET ADDRESS 1904 QUAKER RIDGE DRIVE  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE VT  
NAME FUKATA, KAZUKO  
STREET ADDRESS 1904 QUAKER RIDGE DRIVE  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000000375374  
08/02/05-80002-004 558.75

**DO NOT WRITE  
IN THIS SPACE**

7/8/05 (904)264-5700